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U.S. PATENT DOCUMENTS						
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/M.A./	us- 6267670 B1	07/31/2001	WALKER et al			
/M.A./	US- 5085308 A	02/04/1992	WILHELM			
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/IVI./	3./	WO 97/46985 A1	12/11/1997	LØVVIK		
/M.A	/	WO 98/43149 A2	10/01/1998	WALKER et al		
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